

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <div style="text-align: center; font-size: 24pt; font-weight: bold;">FEE TRANSMITTAL</div> <div style="text-align: center; font-size: 18pt; font-weight: bold;">for FY 2005</div> <div style="text-align: center; border: 1px solid black; border-radius: 50%; padding: 10px; width: 150px; margin: 0 auto;">           JUN 06 2005            RECEIVED         </div>		<b>Complete if Known</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>09/936,479</td> </tr> <tr> <td>Filing Date</td> <td>September 13, 2001</td> </tr> <tr> <td>First Named Inventor</td> <td>Siegfried Schweidler</td> </tr> <tr> <td>Examiner Name</td> <td>Zhuo H. Li</td> </tr> <tr> <td>Art Unit</td> <td>2186</td> </tr> <tr> <td>Attorney Docket No.</td> <td>PD990014</td> </tr> </table>		Application Number	09/936,479	Filing Date	September 13, 2001	First Named Inventor	Siegfried Schweidler	Examiner Name	Zhuo H. Li	Art Unit	2186	Attorney Docket No.	PD990014
Application Number	09/936,479														
Filing Date	September 13, 2001														
First Named Inventor	Siegfried Schweidler														
Examiner Name	Zhuo H. Li														
Art Unit	2186														
Attorney Docket No.	PD990014														
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">TOTAL AMOUNT OF PAYMENT</td> <td>(\$)</td> <td>\$180.00</td> </tr> </table>		TOTAL AMOUNT OF PAYMENT	(\$)	\$180.00									
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<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
Customer Number 24498	
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number 07-0832    Deposit Account Name: <b>THOMSON LICENSING INC.</b>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
<b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.	

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
FILING FEES		SEARCH FEES		EXAMINATION FEES			
Small Entity		Small Entity		Small Entity			
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
<b>2. EXCESS CLAIM FEES</b>							
<b>Fee Description</b>						Small Entity	
Each claim over 20 (including Reissues)						Fee (\$)	Fee (\$)
Each independent claim over 3 (including Reissues)						50	25
Multiple dependent claims						200	100
Total Claims						360	180
Extra Claims						Multiple Dependent Claims	
Fee (\$)						Fee (\$)	Fee Paid (\$)
- 20 or HP = _____ x _____ = _____						_____	_____
HP = highest number of total claims paid for, if greater than 20.							
Independent Claims						Multiple Dependent Claims	
Extra Claims						Fee (\$)	Fee Paid (\$)
Fee (\$)						_____	_____
- 3 or HP = _____ x _____ = _____						_____	_____
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>			<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x _____			_____	= _____	
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)						Fees Paid (\$)	
Other (e.g., late filing surcharge): Fee for Information Disclosure Statement						\$180.00	

<b>SUBMITTED BY</b>					
Name (Print/Type)	Paul P. Kiel	Registration No. (Attorney/Agent)	40,677	Telephone	(609) 734-6815
Signature					June 3, 2005